

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90091 035 ****61.25

DOCUMENT # N48986

1. Entity Name
**THE FLORIDA ASSOCIATION OF PROPERTY TAX
PROFESSIONALS, INCORPORATED**



Principal Place of Business
**351 S CYPRESS RD #404
POMPANO BEACH, FL 33060**

Mailing Address
**351 S CYPRESS RD #404
SUITE 1400
POMPANO BEACH, FL 33060 US**

50013560



2. Principal Place of Business
1701 W. Hillsboro Blvd.

3. Mailing Address
1701 W. Hillsboro Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 308

Suite 308

City & State

City & State

Deerfield Bch, FL

Deerfield Bch, FL

Zip

Country

Zip

Country

33442

33442

02212006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3133029

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, JEFFREY
2000 W COMMERCIAL BLVD STE 218
SUITE 1400
FORT LAUDERDALE, FL 33309**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME PD
STREET ADDRESS NELSON, JEFFREY
CITY-ST-ZIP 2000 W COMMERCIAL BLVD STE 218
FORT LAUDERDALE, FL 33309

TITLE ☐ Delete
NAME TD
STREET ADDRESS NELSON, JEFFREY
CITY-ST-ZIP 2000 W COMMERCIAL BLVD STE 218
FT. LAUDERDALE, FL 33301

TITLE ☐ Delete
NAME D
STREET ADDRESS COLEMAN, WILLIAM
CITY-ST-ZIP 1025 S SEMORAN BLVD STE 1083
WINTER PARK, FL 32792

TITLE ☐ Delete
NAME TD
STREET ADDRESS GARCIA, ANTHONY
CITY-ST-ZIP 351 S CYPRESS RD, STE 404
POMPANO BEACH, FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☒ Addition
NAME PD
STREET ADDRESS John McDonald
CITY-ST-ZIP 4241 Northlake Blvd, suite B
Palm Beach Gardens, FL 33410

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another, or otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.8.06

954-610-4722